

Original article

The concept of Mibyeong (sub-health) in Korea: A Delphi study

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Abstract

Introduction: Mibyeong is a concept in Traditional Korean Medicine (TKM) meaning sub-health state, and treatment of Mibyeong can be understood as preventive medicine. The aim of this study was to obtain consensus from TKM experts in order to define the concept, and develop research method, care of Mibyeong, and health policy legislation of Mibyeong.

Methodology: A panel of 10 TKM experts participated in a 2-round e-mail Delphi process. The experts were asked to give opinions about the concept of Mibyeong, potential subtypes, research methods, diagnosis, treatment, and health policy legislation.

Results: Over half of the experts reached consensus on; the concept, case scenarios, diagnosis methods, treatment, and health policy legislation of Mibyeong. The concept of Mibyeong involved borderline findings, and unexplained symptoms. All experts agreed with the need for subtyping Mibyeong. However, consensus on the subtype criteria was not reached. Treatment of Mibyeong differed from conventional treatment of a disease, even though the process and methods of diagnosis was not much different. As for health legislation of Mibyeong, experts came to agreement that preventive care and constant connection between patient and doctor were important. For establishing standards for Mibyeong, clear definition and international academic studies were necessary.

Conclusions: Consensus was achieved on the concept, the need for subtyping, diagnosis, case scenarios and policy setting but not on areas such as study design, and population for further study. These results suggest that rigorous studies are needed to establish clear definition of Mibyeong for any future research.

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Keywords: Delphi; Sub-health; Mibyeong; Concept; Expert opinion; Preventive medicine

Introduction

Mibyeong (China: *Weibing*, Japan: *Mibyou*), a concept first described in *Huangdineijing* (The Yellow Emperor's Classic of Internal Medicine), means 'not yet ill'. The book mentions that the sages did not treat those who were already ill; instead, they instructed those who were not yet ill. [1]. This concept is considered important, as traditional Chinese medicine's role is preventive medicine. This concept laid a foundation for the development of Korean and Japanese traditional medicine. Compared to China and Japan, Korea's research on Mibyeong is relatively underdeveloped, lacking consensus definition by experts. China's Mibyeong has varied meanings; prevention of disease concurrence, a healthy state with no disease, a state just before disease, or a state of developing disease. Another aspect

of Chinese Mibyeong is *Yajiankang* which is a state between health and disease; it refers to subjective symptoms without a specific disease component [2]. The Japanese Mibyou System Association defined Mibyeong into 2 types: Western and Eastern. Western type Mibyeong involves abnormal examination findings without specific disease. Eastern type Mibyeong involves subjective symptoms without specific disease [3]. On these definitions, The colour of the tongue can be used to predict Mibyou which is defined as Blood stagnation by Kampo clinicians [4]. For example treatment of Mibyou, can include a traditional oriental medicine herbal prescription which can be taken to prevent cerebral oxidative stress, and which is associated to Mibyou as underlying etiology [5]. Mibyeong is defined differently in Korea, Japan, and China due to their distinct individual approaches to traditional medicine's usage and position [6]. Currently, there is no standardized definition of Mibyeong which is suitable for representing Korea's traditional medicine. Korea has a dual medical system, a unique system where two types of legitimate medical doctor (MD and KMD) function

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in the country's healthcare sector. This system strictly separates two official healthcare systems, with MDs practicing "(Western) medicine" and KMDs practicing "Korean medicine," despite the fact that there is no definition whatsoever regarding what constitutes "medicine" and "Korean medicine" in the law itself [7,8].

Due to this system, a TKM practitioner is required the ability to interpret one's diagnosis in perspective of conventional medicine's diagnosis method. Which means, in order to establish the concept of Mibyeong in TKM, the concept needs to be explained based on evidence of conventional medicine. Hence, research and evidence-based clinical studies to meet the viewpoint of conventional medicine is essential.

The Delphi technique is a systematic, interactive method used to reach consensus. It is performed using experts' opinions and suggestions when an issue cannot be solved by a statistical and model based approach, or by future forecasting. The Delphi technique's main characteristics are: (1) anonymous opinion suggestions, (2) repeated collection of opinions, (3) controlled feedback, and (4) statistical assessment of opinions. The Delphi technique historically, has been used by the military, while more recently, it has been adapted for use in social sciences, future forecasting, and medicine [9].

In order to define Mibyeong's concept and develop a direction of research, a 2-round Delphi study was conducted with traditional Korean medicine experts. This paper reports the results of Delphi consensus aiming to clarify the concept of Mibyeong and explored approaches to developing research studies and health policies. The consensus-based concepts for Mibyeong and suggestions for future study are also presented here.

Methods

The 2-round Delphi method was performed from 14 August 2013 to 27 September 2013. The primary goals of the survey were to confirm: (1) the concept of Mibyeong, (2) subtypes of Mibyeong, (3) research direction, (4) case scenarios, (5) diagnosis and treatment, and (6) health legislation and international standards. Ten experts agreed to participate in the Delphi survey, and a first round of survey was sent to the experts by the results of the survey were summarized, grouped into several topics, and the frequency was analysed. The summarized results were sent to the participants. Then, on the second round, experts were asked to return their e-mails with any changes of opinions after reviewing the first round survey results. The process was conducted entirely by email, with the survey and the summarized opinions being sent directly to the experts' email addresses in order to preserve anonymity. Names of the experts were not revealed during any of the rounds. Experts were chosen based on recommendation of the Korean Society for Oriental Preventive Medicine, the Society of Sasang Constitutional Medicine, and the Korea Institute of Oriental Medicine. The selection was based on; (1) how they participated in research on TKM's preventive medicine (2) their methods of diagnosing and treating patients using the concepts of preventive medicine (3) their research, publication record or presentations related to Mibyeong, and (4) their clinical experience of working in a Korean medicine hospital, especially in

using Sasang Constitutional Medicine (SCM). SCM is used to manage Mibyeong by controlling the individual's behaviours, exercise, and diet by the life guidelines [10].

All experts were professors with a doctor's degree in Korean Medicine and who were currently working in the fields of preventive Korean medicine, Sasang Constitutional Medicine, physiology, and Medical Classics and History.

Results

The questions and opinions of the experts are presented below (Table 1). There are 7 main questions and 15 sub-questions. Experts did not change their opinions at the second round; hence, not all issues reached consensus.

Consensus was achieved by half of the experts on the concept, case scenarios, diagnosis method, treatment, health policy, and international standardization of Mibyeong.

Concept

The concept of Mibyeong was regarded by the experts in two different ways: (1) five experts agreed that Mibyeong consisted of subjective symptoms or abnormal examination findings without a specific disease, and (2) four experts thought that Mibyeong was a state in between health and disease.

Subtype

There was a consensus on the necessity to classify Mibyeong into subtypes. However, detailed subtype definitions varied widely. Some suggested that subtypes should be based on subjective symptoms, or abnormal examination findings. Other opinions were that Sasang Constitutional Medicine (SCM) theory is adequate to help classify Mibyeong. There were also opinions that the subtype classification should be based on World Health Organization (WHO)'s definition of health.

Case scenarios

There was no consensus on research design for further study on Mibyeong. Various suggestions were given on the study design, population, target disease or symptoms. However, most experts concurred on deciding whether or not a certain case scenario was Mibyeong. Most agreed the case scenarios of severe pain, fatigue without specific disease was Mibyeong; and all experts reached a consensus that the followings are Mibyeong; borderline examination findings, such as borderline blood pressure and patient with medical sign(s) but in a good condition.

Diagnosis and treatment of Mibyeong

Experts agreed that diagnosing and treating Mibyeong are not different from diagnosing and treating a disease.

However, Mibyeong requires milder treatments than those for treating a disease. In treatment of Mibyeong, rather than

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